



## Freedom of Information Request Form

DATE \_\_\_\_\_

(Please Print)

Name (Mr., Mrs. Ms.): \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Under the Freedom of Information Act (FOIA), I would like to review and/or copy all available files for the following:

Facility	Address	County
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Request should be mailed or faxed to the FOI Office, SC DHEC, 2600 Bull Street, Columbia, SC 29201; Telephone (803) 898-3882; Fax (803) 898-3816.**

**FOR OFFICE USE ONLY:**

**RESEARCH TIME:** \_\_\_\_\_ **TOTAL # OF COPIES** \_\_\_\_\_

**TOTAL COST:** \_\_\_\_\_ **DATE MAILED AND/OR PICKED UP** \_\_\_\_\_